

KINSHIP CARE CASE DATA COLLECTION

PART B

Name - County or Tribe		Action Type - Check One. <input type="checkbox"/> Add case <input type="checkbox"/> Add child <input type="checkbox"/> Update <input type="checkbox"/> Terminate payment																
C. Child Information																		
16. Kinship Child Sequence Identifier assigned by DHFS and provided to Kinship Care agency. Enter known sequence letter for "Update" and "Terminate payment" submittals.		17. CARES Child PIN Complete if the child currently has an assigned personal identifier in CARES.																
18. Name - Child (Last, First, MI)		19. Social Security Number If child has no number, enter "000-00-0000." Do not make up a number.																
20. Birthdate (mm / dd / yyyy)	21. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	22. Ethnicity - Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No 23. Race - Check at least one and up to three. <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander																
24. Care Type <input type="checkbox"/> "Regular" Kinship Care [s. 48.57(3m)] <input type="checkbox"/> Long-term Kinship Care [s. 48.57(3n)]	25. Relationship of Child to Relative Caregiver <table style="width: 100%;"><tr><td><input type="checkbox"/> Brother / Sister</td><td><input type="checkbox"/> Stepbrother / Sister</td><td><input type="checkbox"/> Stepchild</td></tr><tr><td><input type="checkbox"/> First Cousin</td><td><input type="checkbox"/> Grandchild</td><td><input type="checkbox"/> Great Grandchild</td></tr><tr><td><input type="checkbox"/> Great Great Grandchild</td><td><input type="checkbox"/> Step Grandchild</td><td><input type="checkbox"/> Aunt / Uncle</td></tr><tr><td><input type="checkbox"/> Nephew / Niece</td><td><input type="checkbox"/> Great Nephew / Niece</td><td><input type="checkbox"/> Great Great Nephew / Niece</td></tr><tr><td></td><td></td><td><input type="checkbox"/> Other</td></tr></table>			<input type="checkbox"/> Brother / Sister	<input type="checkbox"/> Stepbrother / Sister	<input type="checkbox"/> Stepchild	<input type="checkbox"/> First Cousin	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Great Grandchild	<input type="checkbox"/> Great Great Grandchild	<input type="checkbox"/> Step Grandchild	<input type="checkbox"/> Aunt / Uncle	<input type="checkbox"/> Nephew / Niece	<input type="checkbox"/> Great Nephew / Niece	<input type="checkbox"/> Great Great Nephew / Niece			<input type="checkbox"/> Other
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		<input type="checkbox"/> Other																
26. Court ordered placement <input type="checkbox"/> Yes Check if the child has been placed with the relative caregiver by order of the juvenile court. <input type="checkbox"/> No Check if no court order or for any other placement by guardianship arrangement, even when made by a court.		27. Child is a teen parent <input type="checkbox"/> Yes <input type="checkbox"/> No a. If "Yes" does the teen parent's child reside with him / her in this placement. <input type="checkbox"/> Yes <input type="checkbox"/> No b. If "Yes" is Kinship payment also being made for the child of the teen parent. <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "Yes" for 27b, complete a second form, Sections C, D, and E, for the teen parent's child. The teen parent's relative caregiver is also considered the relative caregiver of the teen parent's child.																
28. U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		29. Child receives disability <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: Children receiving SSI are not eligible for Kinship Care payments.																
30. Monthly whole dollar amount of unearned income the child receives. Do NOT include the Kinship Care payment.		31. Child currently enrolled in school <input type="checkbox"/> Yes <input type="checkbox"/> No																
32. Educational level - Enter the last grade completed. Do not use child's current school year. For example, if a child is in the fifth grade, indicate "04". <table style="width: 100%;"><tr><td style="width: 10%; text-align: center;"><input style="width: 30px; height: 30px;" type="text"/></td><td style="width: 10%; text-align: center;"><input style="width: 30px; height: 30px;" type="text"/></td><td style="width: 80%;">01 - 12 If child is too young for school or is in kindergarten or has not yet completed 1st grade, enter "98." Grade level completed in primary / secondary school including secondary level vocational school or adult high school.</td></tr></table>				<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	01 - 12 If child is too young for school or is in kindergarten or has not yet completed 1st grade, enter "98." Grade level completed in primary / secondary school including secondary level vocational school or adult high school.												
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33. School district number Only if item 31 is "Yes", enter the four digit code for the school district in which the child attends school. If tribal school with no district number, enter 9999. If child is in school out-of-state, enter XXXX. <table style="width: 100%;"><tr><td style="width: 25%; text-align: center;"><input style="width: 30px; height: 30px;" type="text"/></td><td style="width: 25%; text-align: center;"><input style="width: 30px; height: 30px;" type="text"/></td><td style="width: 25%; text-align: center;"><input style="width: 30px; height: 30px;" type="text"/></td><td style="width: 25%; text-align: center;"><input style="width: 30px; height: 30px;" type="text"/></td></tr></table>				<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>											
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D. Parent Information

34. Birth / adoptive mother's current status - Check one.

- | | |
|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Never married |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Divorced | |

35. Birth / adoptive father's current status - Check one.

- | | |
|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Never married |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Divorced | |

36. Birth / adoptive mother TPR ☐ Yes ☐ No

37. Birth / adoptive father TPR ☐ Yes ☐ No

38. Current relationship of birth / adoptive parents to each other - Check one.

- ☐ Married ☐ Divorced ☐ Separated ☐ Never married ☐ Unknown

E. Start / Terminate Payment Episode

Start Date (mm / yyyy)

Month and year in which a Kinship Care payment was first made for the specific child when:

- adding a case;
- adding a child to an existing case; or
- when payments were resumed for a specific child after earlier episode(s) were terminated.

End Date (mm / yyyy)

Used only when terminating a child's Kinship Care payment. It should reflect the month and year in which the final Kinship Care payment was made for the specific child.

39. Primary reason child no longer receives Kinship Care - Check one.

- | | |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No need for living arrangement | <input type="checkbox"/> Child turned 18 years of age |
| <input type="checkbox"/> No probability for court jurisdiction | <input type="checkbox"/> Child deceased |
| <input type="checkbox"/> Child no longer living in relative caregiver's home | <input type="checkbox"/> Relative caregiver failed criminal background check |
| <input type="checkbox"/> Child receiving SSI | <input type="checkbox"/> Other household member failed criminal background check |
| <input type="checkbox"/> Not in child's best interest | <input type="checkbox"/> Relative caregiver voluntarily closed case |
| <input type="checkbox"/> Relative caregiver refused to cooperate with agency | <input type="checkbox"/> Child's parent(s) living with child |
| | <input type="checkbox"/> Other - Check if none of the other primary reasons are appropriate |

Instructions for Completing CFS-2100A Kinship Care Case Data Collection, Part B

Item No.

Prior to item 16, indicate the name of the county or tribe if you are not submitting this form with a CFS-2100 form for the relative caregiver. If you are just submitting a CFS-2100A (e.g., terminating only one child in a case where other children will continue to receive a payment), we need to know to which county or tribe this case belongs.

Indicate the reason that the form is being submitted; i.e., adding a new case, adding a child to an existing case, updating an existing case or terminating payment on an existing case.

16. Enter the Kinship Care Child Sequence assigned by the Department of Health and Family Services, if this is known. This is a capital letter (e.g., A, B, etc). This reflects a specific child belonging to the eight digit case number described in item 1.
17. Enter the CARES Child PIN number if the child has previously been entered into the CARES system. If none, leave blank.
18. Enter the name of the child in the requested order; i.e., last name, first name, middle initial.
19. Enter the child's Social Security Number. If the child has no Social Security Number, enter 000-00-0000. Do not create a "dummy" number for the child.
20. Enter the date of birth of the child. Note the order in which the date should be presented; i.e., two digit number for month, two digit number for day, and four digit number for year.
21. Indicate the gender of the child.
22. Indicate whether the child is or is not of Hispanic or Latino ethnicity.
23. Indicate the race of the child. You must check at least one of the options and may check up to three options.
24. Indicate whether this is a "regular" Kinship Care case or whether it is a Long-Term Kinship Care case. Note that Long-Term Kinship Care means that the relative caregiver is a guardian of the child under and only under s. 48.977, Stats., and the agency and the relative caregiver have entered into a Long-Term Kinship Care agreement under s. 48.57(3n), Stats. In this context, "long-term" has nothing to do with how long it is anticipated that the child will reside with the relative caregiver.
25. Indicate the relationship of the child to the primary relative caregiver identified in item 5 on CFS-2100. If you need to check "Other," be sure that the relationship is one that is authorized under s. 48.57(3m), Stats.
26. Indicate whether the child was originally or subsequently placed with the relative as a result of a court order. If the relative caregiver is a guardian of the child but there is not an accompanying order of the court placing the child with the relative / guardian, then check "No." It is important to understand that a court can make someone a guardian of the child without ordering the child to reside with that person.
27. This is a three part question. Indicate whether the child identified in item 18 is a teen parent and whether or not the teen parent is living with his or her child. If "No," skip to item 28. If "Yes," in subitem a., indicate whether the teen parent's child resides with him or her in this Kinship Care arrangement. If "No," skip to item 28. If "Yes," in subitem b., indicate whether a Kinship Care payment is also being made for that teen parent's child. If "No," move on to item 28. If "Yes," you will need to complete sections C, D and E of another CFS-2100A for the teen parent's child.
28. Indicate whether the child is a U.S. citizen.

Item No.

29. Indicate whether or not the child receives any disability payment. With the exception of the SSI, the child's receipt of a disability payment does not affect the child's eligibility for Kinship Care. If the child receives SSI or an SSI supplemental payment, then the child is not eligible for Kinship Care.
30. If the child has any unearned income, insert the monthly amount of that payment. If there is no unearned income, leave blank. Do not count the Kinship Care payment as unearned income. The child's receipt of any unearned income does not affect the child's eligibility for Kinship Care.
31. Indicate whether the child is currently enrolled in school. If it is summer and school is not in session, indicate "Yes" if the child was enrolled in school during the previous spring semester.
32. Enter the last grade the child completed. For example, if a child is currently enrolled in the 5th grade, enter "04." If the child is too young for school or is in kindergarten or other preschool program or currently enrolled in 1st grade, enter "98."
33. Enter the four digit school district number of the district in which the child is enrolled. If the child is enrolled in school outside of Wisconsin, enter "XXXX." If the child is enrolled in a tribal school which is not assigned a four digit code, enter "9999."
34. Check one box indicating the current status of the child's birth or adoptive mother.
35. Check one box indicating the current status of the child's birth or adoptive father.
36. Indicate whether the parental rights of the child's mother have been terminated. Note: if the child's birth mother's rights were terminated and the child was then adopted, indicate the TPR status of the child's adoptive mother.
37. Indicate whether the parental rights of the child's father have been terminated. See "Note" in item 36.
38. Indicate the current relationship of the child's birth or adoptive parents to each other. For example, if the child's mother is currently married to a person who is not the child's father and the child's father is currently married to a person who is not the child's father but the child's mother and father were never married to each other, you would indicate "Married" in items 34 and 35 and "Never Married" in this item.
- **** **If adding a case or adding a child to an existing case or reinstating payments to a child previously terminated, enter the month and year for which the first or reinstated payment is made. If none of these, leave blank.**
- **** **If terminating a case, enter the month and year for which the last payment was made.**
39. If you are terminating a payment to a child, enter the primary reason for the termination. In some cases, more than one reason may apply, so indicate the **one** reason which you believe is the most important.